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ORIGINAL ARTICLE

Clinical characteristics and in-hospital outcome of patients with acute coronary syndromes and systemic lupus erythematosus☆

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KEYWORDS
Systemic lupus erythematosus;
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Abstract
Objective: Due to the chronic inflammation associated with systemic lupus erythematosus (SLE), patients develop premature atherosclerosis and the disease is a risk factor for acute myocardial infarction. The best interventional treatment for acute coronary syndrome (ACS) in these patients is unclear. The objective of this study is to describe the baseline characteristics, clinical manifestations, treatment and in-hospital outcome of patients with SLE and ACS.
Methods: Eleven SLE patients with ACS were analyzed retrospectively between 2004 and 2011. The following data were obtained: age, gender, clinical and electrocardiographic characteristics, Killip class, risk factors for ACS, myocardial necrosis markers (CK-MB and troponin), creatinine clearance, left ventricular ejection fraction, inflammatory markers (C-reactive protein and erythrocyte sedimentation rate), drugs used during hospital stay, treatment (medical, percutaneous or surgical) and in-hospital outcome. The statistical analysis is presented in percentages and absolute values.
Results: Ten of the patients (91%) were women. The median age was 47 years. Typical precordial pain was present in 91%. Around 73% had positive erythrocyte sedimentation rate. The vessel most often affected was the anterior descending artery, in 73%. One patient underwent coronary artery bypass grafting, seven underwent percutaneous coronary intervention with bare-metal stents and three were treated medically. In-hospital mortality was 18%.
Conclusions: Despite the small number of patients, our findings were similar to those in the literature, showing coronary artery disease in young people with SLE due to premature atherosclerosis and a high mortality rate.
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PALAVRAS-CHAVE
Lúpus eritematoso sistêmico;
Síndrome coronária aguda;
Inflamação

Características clínicas, angiográficas e evolução intra-hospitalar em pacientes com lúpus eritematoso sistêmico e síndrome coronária aguda

Resumo
Introdução: Devido ao caráter inflamatório crônico do lupus eritematoso sistêmico (LES), os pacientes apresentam reconhecidamente o desenvolvimento de aterosclerose precoce, sendo a própria doença um fator de risco independente para a ocorrência de infarto agudo do miocárdio. Em síndromes coronárias agudas (SCA) a melhor forma de tratamento intervencionista mantém-se indefinido. Dessa forma, descrevemos as características basais, manifestações clínicas, achados angiográficos, tratamento definitivo adotado e a evolução intra-hospitalar de pacientes com LES que apresentaram SCA.
Métodos: Entre 2004-2011 foram analisados retrospectivamente 11 pacientes com LES que apresentaram SCA. As seguintes informações foram obtidas: idade, sexo, manifestações clínicas e eletrocardiográficas, estado hemodinâmico, fatores de risco para SCA, marcadores de necrose miocárdica, *clearance* de creatinina, fração de ejeção de ventrículo esquerdo, marcadores inflamatórios, autoanticorpos, medicações utilizadas, achados angiográficos, tratamento definitivo adotado e evolução intra-hospitalar.
Resultados: Dez (91%) pacientes eram mulheres. A mediana de idade foi 47 anos. Dor precordial típica esteve presente em 91%. Cerca de 73% apresentaram aumento de velocidade de hemossedimentação. O seguimento mais acometido foi a artéria descendente anterior em 73%. Em um caso optou-se por revascularização cirúrgica, em sete pacientes realizou-se angioplastia com *stent* convencional e em três doentes manteve-se tratamento clínico. Obteve-se mortalidade intra-hospitalar de 18%.
Conclusão: Apesar da casuística limitada, os dados encontrados são semelhantes ao restante da literatura, ressaltando a precocidade da doença coronária, a presença de aterosclerose como desencadeante principal e a amplitude de sua gravidade com elevada taxa de mortalidade intra-hospitalar.
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List of abbreviations

ACS	acute coronary syndrome
CABG	coronary artery bypass grafting
CAD	coronary artery disease
CrCl	creatinine clearance
MI	myocardial infarction
PCI	percutaneous coronary intervention
SLE	systemic lupus erythematosus

Introduction

Systemic lupus erythematosus (SLE) is an uncommon autoimmune disease of unknown cause, with an estimated prevalence of 1/2000 and a male:female ratio of 1:10. Cardiovascular involvement is one of the most common and serious manifestations of the disease, in the form of myocarditis, pericarditis, endocarditis, vasculitis or coronary artery disease (CAD).[1]

Due to the chronic inflammation associated with SLE, patients develop premature atherosclerosis, and the disease is an independent risk factor for myocardial infarction (MI).[1–3] The therapeutic approach can be a challenge and the best interventional treatment for acute coronary syndrome (ACS) in these patients is unclear. Some case series have reported their experience with percutaneous coronary intervention (PCI) and/or coronary artery bypass grafting (CABG), but they show conflicting results.[3,4]

The objective of this study is to describe the baseline characteristics, clinical manifestations, treatment and in-hospital outcome of patients with SLE and ACS.

Methods

Eleven SLE patients who presented ACS (unstable angina and/or MI) were analyzed retrospectively between 2004 and 2011. The diagnosis of SLE was based on the 1997 revised criteria of the American College of Rheumatology.[5]

All patients with typical chest pain were immediately diagnosed with ACS and were risk stratified according to the clinical presentation. Those with atypical pain and/or ischemic equivalent symptoms, such as dyspnea, were treated according to the chest pain protocol, being kept under observation for 12 hours with monitoring of ECG and markers of myocardial necrosis (troponin and CK-MB) every three hours. In cases of ECG alterations (ST-segment depression or T-wave inversion) and/or positive necrosis markers, a diagnosis of ACS was made and they were included in the study.

The following data were recorded: age, gender, clinical and ECG manifestations, Killip class, risk factors for ACS, markers of myocardial necrosis (CK-MB and troponin), creatinine clearance (CrCl), left ventricular ejection fraction,

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